

## Application Data Sheet Under 37 C.F.R. § 1.76

### **Application Information**

**Application number::**

**Filing Date::**

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested classification::**

**Suggested Group Art Unit::** 3731

**CD-ROM or CD-R?::** None

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::**

**Computer Readable Form (CRF)?::**

**Number of copies of CRF::**

**Title ::** Method for Lateral Implantation of Spinous Process Spacer

**Attorney Docket Number::** KLYC-01056USE

**Request for Early Publication?::** No

**Request for Non-Publication?::** No

**Suggested Drawing Figure::** 73

**Total Formal Drawing Sheets::** 65

**Small Entity?::** Yes

**Latin name::**

**Variety denomination name::**

**Petition included?::** No

**Petition Type::**

**Licensed US Govt. Agency::** No

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::** No

## Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** James  
**Middle Name::** F.  
**Family Name::** Zucherman  
**Name Suffix::**  
**City of Residence::** San Francisco  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 3035 Pierce Street  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94123  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Ken  
**Middle Name::** Y.  
**Family Name::** Hsu  
**Name Suffix::**  
**City of Residence::** San Francisco  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 52 Clarendon Avenue  
**City of mailing address::** San Francisco  
**State or Province of mailing address::** CA

**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94114  
**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Henry  
**Middle Name::** A.  
**Family Name::** Klyce  
**Name Suffix::**  
**City of Residence::** Piedmont  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 231 Sandringham Road  
**City of mailing address::** Piedmont  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94611

## **Correspondence Information**

**Correspondence Customer Number ::** 23910  
**Name::**  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**

**Phone number::** 415/362-3800  
**Fax Number:** 415/362-2928  
**E-Mail address::** officeactions@fdml.com

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	divisional	09/842,756	04/26/01
09/842,756	continuation	09/474,038	12/28/99
09/474,038	divisional	09/474,037	12/28/99
09/474,037	continuation	09/175,645	10/20/98
09/175,645	continuation-in-part	08/958,281	10/27/97
08/958,281	continuation-in-part	08/778,093	01/02/97

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: St. Francis Medical Technologies, Inc.  
Street of mailing address:: 1900 Bates Avenue, Suite L  
City of mailing address:: Concord  
State or Province of mailing address:: California  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94520